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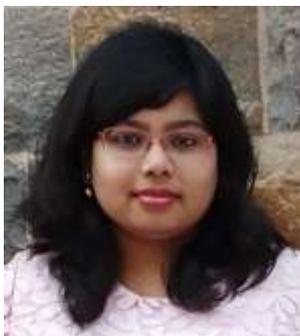
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“the truth that no one ever utters”: Mental Illness in Sarah Kane’s *4.48 Psychosis*

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Abstract

Mental Illness is a subject largely surrounded by the silences of the unknown and the invisible. Due to the lack of any externally visible signs, the pain and suffering entailed by mental disorders is often dismissed as just something “inside your head”. Anything uttered by ‘the mad’ individual is deemed either incomprehensible (because of their inability to use language as the normative person should) or their voice is rendered silent by the other. Literary narratives offer an important space for confronting this “silence” surrounding the quotidian discourse on mental illness and articulation of the marginalised voices of the ‘Mad’. In the play *4.48 Psychosis*, British playwright Sarah Kane addresses this dearth of engagement with mental illness experience. She not only foregrounds the silence surrounding the discourse but also holds the society responsible for enforcing that silence on those who want to speak. Kane criticises the society’s indifference, their wilful silence on the subject of mental illness, and their inability to empathise. The play is an appeal to the spectators and the readers to go beyond the “normative” understanding and limitations set by the stage and the narrative, and to directly engage with the complexity of mental illness.

Keywords: Illness Narratives, Mental Illness, Narratology, Silence in Literature

“a truth that no one ever utters”

Written around 1998-99 and produced posthumously, Sarah Kane’s *4.48 Psychosis* portrays an interior mindscape of an unnamed protagonist slowly degenerating into psychosis. The play represents an experiential first-person narrative of an anonymous individual suffering from pathological grief and clinical depression. Influenced by Martin Crimp’s *Attempts on Her Life* (2007), the script of the play presents the audience with no clear stage directions or a list of well-defined characters. The play grapples with the diagnosis of mental illness

and struggles to construct meaning around it, while the silence surrounding mental illness is deliberately embedded in the dramatic structure of the play itself. Kane exposes how the nature of mental illness aggravates, even if it is not wholly contingent upon its socio-cultural perception by the other. This paper argues that the play confronts the society’s refusal to talk about mental health conditions, refusal to listen to the voices of the “Mad”, and presents an appeal to the audience for an attunement to the unheard.

The title of the play refers to that specific time of the day (4:48 am), when the main character is hit by waves of depression but ironically, it is also the time when they are able to view the world with utmost clarity. Kane thus subverts many stereotypes concerning depression, like its general association with darkness and fog, symbolising obscurity and inability to make clear sense of anything. The narrative voice encompasses broken fragments of monologues and dialogues exploring the inner psyche of the mentally ill protagonist. The script also employs many typographical and stylistic experimentation, while the audience is invited to fill in the gaps and silences as reflected in the closing blank pages of the text. The inexpressibility and unrepresentability of the psychotic experience, the crumbling of the psyche, thus gets manifested in the linguistic and dramatic structuration of the play itself in order to inspire new forms of meaning and understanding.

As the conventional theatrical practices comes across as insufficient and incapable of representing the complexity of the condition, Kane abandons the familiar 'Acts and Scenes' divisions of dramas by offering no stage directions. The narrating 'I' must therefore, use alternative ways of telling, like stream of consciousness and a non-linear mode of representation to enact the complexities of their mind. The play begins with an unknown enquiring voice accusing the narrator of not being able to offer anything to others. As the unknown narrative voice says,

(A very long silence.)

- But you have friends.

(A long silence.)

You have a lot of friends.
What do you offer your friends to make them so supportive?

(A long silence.) (Kane 3)

As if in response to this accusation, the narrating 'I' "offers" the audience a list of depressive symptoms that they have been experiencing for a while. The narrative self's inability to describe their own condition "coherently" leads them to adopt

various intertextual strategies (such as borrowing from different diagnostic manuals, self-help texts and doctor's prescriptions) which gets intermingled with the protagonist's fluid consciousness and first-person narration. The narrating 'I' says, "I am sad", "I can't sleep / I can't eat / I can't think" (Kane 4). This list of symptoms is borrowed from "Beck's Depression Inventory" which is used to diagnose the emotions, moods and experiences commonly associated with clinical depression. At the same time, the narrating 'I' also tries to articulate their own experiences of disembodiment, as they say, "Here I am / and there is my body // dancing on glass" (Kane 21). In this representational process, language itself loses its form and its ability to convey meaning, to signify, eventually metamorphosing into a distorted and shapeless entity. Words and phrases are scattered all over the page refusing any kind of structural imposition. The form of the text emulates the nature of mental illness as such, where the experiences and memories of the individual are subjected to distortion.

Kane ironically exploits the usage of gaps and silences in order to signify the unrepresentability and fragmented nature of the illness experience. The dialogue between the narrating 'I' and the doctor are filled with "loud silences" which are literally spelled out in the text as "A very long silence" (Kane 3), simultaneously representing and confronting the 'silence' surrounding the discourse of mental illness and suicide in our quotidian lives. Although the words "depressed" and "crazy" are incorporated in our everyday language, the critical profundity of the words are never directly dealt with. The silent murmurs, whispers and the blank stares attributed to the terms "mental illness", "self-harm" and "suicide", Kane refers to this silence as "a truth which no one ever utters" (3). Similarly, the non-linear and fragmented modes of representations are used to unravel the agonised subjectivity of the narrating 'I' as she says, "I've never understood/what it is I'm not supposed to feel" (28).

The gaps and silences in the text, the use of abstractions reveal the difficulty in transcribing these thoughts and feelings into words. As the narrating 'I' says, "drowning in a sea of logic / this

monstrous state of palsy / still ill" (Kane 26). Similarly, the sudden onslaught of words on the page represents the sudden flow of thoughts characteristic of debilitating experience of depressive episodes, as represented by the rhythmic stream of thoughts "No hope No hope No hope" (Kane 12). In this sudden onslaught of thoughts, language itself is transformed as the grammar is broken, punctuation is completely forsaken and both syntax and semantics come across as unintelligible. The shift in moods and tones of the text corresponds to the periodic episodes of breakdown experienced by the narrator. The psychic violence inflicted on the self, echoes and resounds through the play like a leitmotif, as utterances themselves becomes the speech acts, performing the actions that they represent - "flash flicker slash burn wring press dab slash" (22). The play thus, questions the very ability of language to structure these disconcerting thoughts even as it tries to construct meaning around the illness experience.

In the final segment of the play, the silences and gaps grow wider and wider until the words completely disappear from the page and the readers are left with blank sheets. The vanishing words resembles the dissolving subjectivity and the imminent suicide of the narrating self. The play takes the form of poetic fragments and moves from coherence to incoherence, from well-structured and punctuated sentences to mere words scattered all over the page. The narrative gets increasingly disfigured, fragmented, cut and dismembered, and denies the process of signification itself. As Alicia Tyler notes, "The page layout varies throughout the play, ranging from dialogue, to lists, columns, and a few numbers or words scattered on a page...In the final pages of the play, Kane spaced "watch me disappear" so that the words seemingly dissolve off the page, explicitly calling out for spectators' interaction" (26).

The play also unsettles the subjectivities of the audience and readers, as each of them are compelled to assume the subject positions of "Victims, Perpetrators and Bystanders". Kane not only questions the audience's (in)ability to comprehend the nature of the illness but also condemns their inclination to disregard and

invalidate the experiences of mental distress. The figure of the doctor in the play undertakes a patronising tone of "the psychiatric voice of reason", whose main impulse is to negate the feelings and experiences of their patient by gaslighting them into questioning their own sanity. As the narrating 'I' says, "It's not your fault, that's all I ever hear, it's not your fault, it's an illness, it's not your fault, I know it's not my fault. You've told me that so often I'm beginning to think it *is* my fault" (Kane 14). Not unlike the figure of doctor in the play, the spectators and readers also constitute a part of the mainstream society which identifies as "sane" precisely by alienating the different and the incomprehensible as "insane".

The narrating 'I' is situated within a frame of failing social relationships. There is a string of haunting dialogic segments between the narrator and a silent other which recurs throughout the play. The unnamed protagonist expresses feelings of intense guilt and shame evoked by an atmosphere of constant surveillance. The scrutiny of the silent spectators makes a spectacle out of their illness experience and health condition. As the unnamed protagonist says, "A room of expressionless faces staring blankly at my pain, so / devoid of meaning there must be evil intent" (Kane 5). The narrating 'I' also says,

and they were all there

every last one of them

and they knew my name

as I scuttled like beetle along the backs of their chairs (Kane 3)

The narrating self is thus located in a social space inhabited by unknown others who have "secret knowledge of [her] aching shame", who are watching them spiralling down but not offering to help. Thus, the readers and the audience occupy the subject position of victims, perpetrators and mute bystanders, by assuming the role of "silent witnesses" to the protagonist's suffering.

The narrating 'I' desperately asks the audience to "Look away from me" as they tend to subsume and reduce their experiences into a sheer

spectacle or just a biochemical phenomenon. The cry for help is vehemently ignored, as the desperation of the protagonist, the actual need for rescue is foregrounded in the shortest segment of the play which merely comprises of two words, "RSVP ASAP". By the society's failure to reflect upon, to witness, to listen, to acknowledge and to accept the so-called "Mad", the spectators turn from silent bystanders to perpetrators of indirect violence on the subjectivity of the narrating 'I'. However, in the final segment of the play, the narrating 'I' finally asserts agency and holds the audience and the society responsible for their actions, as they force the audience to watch the protagonist disappear on stage, symbolising the ultimate performative act of suicide. The narrating 'I' lets out a defiant cry for help as they say, "Validate me/ Witness me/ See me/ Love me" (Kane 31). This assertive voice then retakes control over the narrative and destabilises the silent spectators. The act of disappearance leaves them unsettled, to rethink their ways and to regard what they have disregarded so far.

In the script of the play, the words just dissipate throughout the page like "black snow", as the readers of the text come across blank pages which resonates with the vanishing existence of the narrating 'I'.

"watch me vanish

watch me

vanish

watch me

watch me

watch" (Kane 33).

The audience is thus, both tempted to look and to look away at the same time. Kane overturns the wilful silence of the audience into the vanishing silence of words on the page, and a voiceless, disappearing subjectivity on stage. As Alicia Tyler notes, "Melancholic identifications become possible when readers and audience members participate in the provocative pauses and silences that Kane spreads liberally throughout her text" (26).

The play offers a critique of the British Mental Health Act, 1983 and the way silence is enforced on the 'mad' by precisely labelling them so.

According to this law, any individual diagnosed with a mental health disorder could be forcefully detained in a hospital against their own will. In one section of the play, the unnamed narrator is also forcefully hospitalised and compelled to take medications against their own will. Psychiatrists and clinicians generally agree that clinical depression is a cognitive-affective disorder which largely influences the moods and distorts the memories and intellectual faculties of an individual, rendering them incapable of verbalising their own experiences and subjectivity. Kane interrogates this perception as she presents us with a protagonist who tries to resist the dominant discourse and uses alternative modes of representation to articulate herself. However, the narrating I's condition exacerbates owing to the refutation of these modes and the persistent indifference of others. The unnamed protagonist of the play presents the spectators with an interior monologue of a crumbling psyche and how their situation is worsened by their mistreatment under the dehumanising societal and medical practices against the mentally ill.

Conclusion

Sarah Kane's *4.48 Psychosis* challenges our limited understanding of mental illness as just a medico-clinical condition by foregrounding its rootedness in the societal structures of being. As the main protagonist says, "There's not a drug on earth can make life meaningful" (Kane 14). The play defies all theatrical conventions and the normative use of language to establish alternative sense of meanings in order to elicit an active and immediate response from the audience and the readers. As Ken Urban argues in "An Ethics of Catastrophe: The Theatre of Sarah Kane", that "Kane reminds us that change is possible, but not as the end point of some utopian political narrative. Rather, change occurs in those moments where comfortable designations break down (woman/man, victim/victimizer, native/foreigner, self/other) and everything must be rethought" (46). The play compels a direct involvement with the discourse of mental health, to break the silence, to force them to think, and to provoke them into action.

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